

**STATE CRIME VICTIMS' ASSISTANCE FUND
GRANT APPLICATION KIT**

**INSTRUCTIONS FOR FILING AN APPLICATION FOR FUNDING
UNDER THE CRIME VICTIMS' ASSISTANCE ACT OF 1989**

**OFFICE OF ATTORNEY GENERAL PHILL KLINE
120 SW 10TH Avenue, 2ND FLOOR
TOPEKA, KANSAS 66612-1597
(785) 291-3690
(800) 828-9745**

**SIX APPLICATIONS (ONE ORIGINAL AND FIVE COPIES)
TO BE FORWARDED TO THE OFFICE OF THE ATTORNEY GENERAL BY**

MARCH 22, 2006

APPLICATIONS NOT POSTMARKED BY THIS DATE WILL NOT BE ACCEPTED

**PLEASE DO NOT CALL CONCERNING THE STATUS OF YOUR APPLICATION.
YOU WILL BE NOTIFIED IN WRITING.**

GUIDELINES

STATE CRIME VICTIMS' ASSISTANCE FUND POLICY GUIDELINES

The following information defines eligibility and accountability criteria and sets forth requirements for application and administration of grants awarded from the State Crime Victims' Assistance Fund pursuant to K.S.A. 74-7334.

STATE CRIME VICTIMS' ASSISTANCE FUND SOURCE OF INCOME

The State Crime Victims' Assistance Fund receives 1.45 percent of the remittance of applicable fines, penalties and forfeitures from clerks of the district court.

CRITERIA

The purpose of this grant program is to provide services and assistance to crime victims in order to speed their recovery from the financial loss, physical suffering and emotional trauma of victimization, and to assure proper and sensitive treatment of crime victims in the criminal justice process. It is the intention of this grant program to provide as wide a range of coverage to the citizens of the state as possible. In distributing grant funds among urban and rural areas of the state, priority shall be given to those areas with the greatest need. Assistance may encompass a wide range of support services. Specific services to be provided and the specific target group should reflect local needs and priorities. Examples of critical elements include, but are not limited to: an analysis of the community's crime victim needs and problems; the targeting of existing and planned activities and services to respond to the local situation; and the formulation of agreements for cooperation between criminal justice system agencies and public and private crime victim service providers. Activities may include, but are not limited to: 24-hour crisis intervention and support or emergency services; counseling; assistance with compensation claims, creditors, community referrals and restitution, with the exception that no direct compensation may be paid to a crime victim; prosecutor or court-related services; shelter support counseling, social services support and criminal justice advocacy.

ELIGIBILITY

Available funds may be awarded to units of state or local government or private, not for profit organizations for defined grant project activities. **Private, not for profit organizations, duly registered with the Office of the Secretary of State, may receive funds under this act as subgrantees or subcontractors to a local entity of government or may receive funds as a direct applicant.**

The state office shall retain adequate funds for programs having a statewide impact. These grant funds shall be processed through the Office of the Attorney General and administered by the Statewide Victims' Rights Coordinator.

APPLICATION DEADLINE

Each grant proposal shall be submitted to the Attorney General's Office **postmarked no later than March 22, 2006.**

AVAILABLE GRANT FUNDS

Each eligible applicant must receive 50 percent or more of their total agency budget from sources other than funds distributed through this fund. No grant award will be made for more than \$25,000.

MATCH

Funds may be utilized to enhance or expand an existing grant project as well as create new grant projects. Local appropriations that have been supporting these existing efforts may be used as a match against state funds; however, federal funds may only be used if unmatched by state funds and other state funds may not be used to match these state funds. The requested funds must be supplementary resources for the proposed grant project and cannot supplant or replace state or local funds. State funding may be used to offset the cost of up to 75 percent of the proposed grant project. The match is calculated at 25 percent of the proposed grant project. The required match must be in cash. No in-kind or "soft" match is allowed.

LIMITATIONS OF FUND USE

- (a) These grant funds shall not supplant other state or local funds that would otherwise be available for crime victims' assistance projects.
- (b) It shall be the purpose of this grant project to increase, enhance, expand, or initiate projects to provide services to victims of crime. The grant project shall not be viewed as an entitlement project but, rather, short-term support for new or expanded grant project activities. If eligible applicants do not indicate how they are continuing to seek other sources of funding to continue their grant projects and are being denied funds, or show how their grant projects will no longer function without State Crime Victims' Assistance Fund monies, grant awards may cease after the third year.
- (c) Equipment and hardware are unallowable unless necessary and essential to the grant project's success.
- (d) General salaries and personnel costs are unallowable unless necessary and essential to the grant project's success.
- (e) Construction or land acquisition are unallowable costs.
- (f) The use of grant project funds is prohibited for grant projects which offer a low probability of improving services to victims of crime as determined by fiscal and program audits.
- (g) Administrative/indirect costs. The use of grant project funds to pay for costs incurred in applying for, administering or auditing the grant is not allowed. Similarly, indirect costs are not allowed.
- (h) **Because of limited funding, items pertaining to the area of magazine subscriptions, membership dues, etc., will not be allowed. Similarly, funds for training outside the state of Kansas will not be allowed, unless necessary and essential to the grant**

project's success.

GRANT PROJECT PERIOD

Each grant project funded under this grant fund shall be for a period of 12 months from July 1 to June 30. Any funds not expended by June 30, 2007 must be returned to the Office of the Attorney General.

REPORTING REQUIREMENTS

The following reports are required if funding under the State Crime Victims' Assistance Fund is received:

- (a) The quarterly expenditure report, Financial Status Report Form, provides fiscal information on expenditures during a three-month period and is due 15 days after the end of each quarter.
- (b) The semi-annual Grant Project Narrative Report provides a narrative description of the activities during the reporting period and is due 15 days after the end of each six-month grant project period.
- (c) Grant Project monitoring and on-site visits will be conducted by the Attorney General's staff.

Copies of financial and programmatic records must be maintained at the local level for a period of **five years** past the close of the grant project period.

GRANT REVIEW COMMITTEE

A committee, appointed by the Attorney General, may assist the Attorney General in determining grant awards from the State Crime Victims' Assistance Fund. The grant review committee shall be chaired by the Attorney General or his designee.

REVIEW OF APPLICATIONS

Each grant application shall be evaluated using the following criteria:

- (a) The degree to which the proposal focuses on the problems and needs of victims of crime;
- (b) The quality of the needs assessment and documentation in terms of proposed services for victims;
- (c) The record of successful implementation of services to victims of crime through this or similar programs;
- (d) Documentation and understanding of a problem as it relates to victims of crime in the applicant's community;
- (e) Demonstration of clear, measurable and appropriate proposed grant project objectives, consistent with the evaluation criteria outlined in the grant application instructions;
- (f) The efficacy of evaluative components, both programmatic and fiscal;

- (g) The degree of community support and collaboration for the program;
- (h) Receipt of other state and local assistance; and
- (i) Relevant budget information.

NOTE: If the applicant is applying for another year of funding, the committee will take into account the applicant's ability in finding additional funding for the grant project, meeting goals and objectives of the grant, submitting reporting requirements in a timely manner, and any additional information the committee feels is necessary in considering additional funding.

Each applicant shall be notified in writing of the grant award decision.

INSTRUCTIONS

ATTENTION

Please read the following before completing and submitting the STATE CRIME VICTIMS' ASSISTANCE FUND grant application.

Please submit the application and the attached forms typed or word processed in Times New Roman 12 point font size.

Applications submitted under the State Crime Victims' Assistance Fund grant program will receive a preliminary review upon receipt by the Attorney General's Office.

Due to the competitive nature of the grant award process, applications that are incomplete or not submitted correctly will be returned to the applicant and will not be considered for a grant award by the Attorney General's Grant Review Committee.

If the application is returned to the applicant as incomplete prior to the postmark deadline, the applicant may choose to resubmit a complete application. However, NO resubmissions are allowed after the postmark deadline.

An incomplete application means the following:

- Application is missing information;
- Incorrect forms were used;
- Application is not in the correct order; or
- Submitting less than the correct number of copies.

*** * * GENERAL INSTRUCTIONS * * ***

Submit the application narrative in Times New Roman 12 point font size or larger. Use the attached forms where applicable. Keep the information as brief as possible and explanatory statements clear and concise. Staple applications in the upper left-hand corner and number all pages in the bottom right-hand corner. The first two pages have been numbered. **Do not submit any items not specified in the Summary of Contents (i.e. pictures, news articles, letters of support), other than those requested. Do not include covers, appendices, fancy bindings, artwork, brochures, etc.** These items will be removed prior to review.

#1

GENERAL INFORMATION FORM

Directions: See attachment.

#2

SUMMARY OF CONTENTS FORM

Directions: See attachment.

#3

PRIOR ACCOMPLISHMENTS

Directions: Please share specific agency accomplishments over the previous 12-month period. Include the number of victims served by the agency. Describe any evaluations conducted and explain the results. If currently receiving CVAFF funds, report the number of victims served by the grant project, specifying what reporting period the numbers represent. Describe evidence of the success of the grant project, including progress made toward achieving grant project goal(s) and objectives. All applicants must complete this section, whether CVAFF funds were received in FY 2006 or not.

**** Please note, sections 4, 5, 6 and 7 are related. The general goals and measurable objectives of the proposed grant project should be directly related to the results of the needs assessment. The grant project's evaluation plan should be used to demonstrate progress made toward achieving the proposed goals and objectives.**

#4

PROBLEM STATEMENT AND NEEDS ASSESSMENT

Directions: The submission of an application presumes there is a definable problem which will be solved either in whole or in part with the grant project for which grant funds are being requested. As other agencies are competing for limited resources, please document as extensively and

factually as possible the definition of the problem in the applicant's service area and its severity. The responsibility in this section is to clearly and concisely define the problem using facts and statistics which support the contention that there is, in fact, a serious problem in the community which grant funds can help solve. Please include the needs assessment which was used to develop the problem statement, such as agency service activity, law enforcement reports, number of 911 calls, assessing the community, input from clients or beneficiaries of the applicant, etc. Include objective data from existing data sources. If the applicant is comparing local data to state or national data, information should be included to either establish the need locally or to describe why the local community is limited in resources to address the problem, etc. **Please site the resources used to obtain the data submitted establishing a need for grant funds and include the number of victims the applicant projects to serve with these grant funds. If the request for funds has increased from the previous year's request, be sure to explain the need for additional funds and explain what additional services will be provided.**

#5

PROPOSED GRANT PROJECT GOAL(S)

Directions: State the goal(s) of the proposed grant project for which the applicant is requesting funds. This should not be the goal(s) of the agency as a whole. However, the goal(s) for the grant project should be consistent with the mission and overall goals of the agency, as well as the results of the needs assessment.

#6

PROPOSED GRANT PROJECT OBJECTIVES

Directions: List the objectives to be accomplished in order to reach each goal listed. Objectives should be expressed in terms of alleviating the problem identified through the needs assessment and of reaching the proposed grant project goal(s). Objectives should be specific, measurable, realistic and consistent with the goal(s) of the grant project, and cover a single event or outcome. Include the activities used to meet each objective and a timetable to complete each activity.

Follow the format below when writing the grant project goal(s) and objectives. An example of outcome (impact) objectives and process (activity) are included.

Example:

Goal I: Teen drug involvement in Springfield will decrease.

Objective	Activities	Person Responsible	Time Frame
1. Three drug elimination specialists will be hired. (Process)	1. Job notices will be posted. Interviews will be conducted.	1. Program Director	1. July 1, 2006 - August 1, 2006
2. Drug use among junior high students will decrease by 5% as measured by 2003 KCC survey results. (Outcome)	2. Drug curriculum will be implemented. Classes will participate 2 times a week.	2. Drug elimination specialists	2. August 1, 2006 - June 30, 2006
3. The junior high students will participate in the peer mediation program. (Process)	3. (a) Students will vote for peer mediators. (b) Mediation program will meet once a week.	3. Drug elimination specialists Drug elimination specialists and peer mediators	3. (a) By September 30, 2006 (b) October 1, 2006 - June 30, 2007; Progress will be monitored monthly.

#7 PROPOSED GRANT PROJECT MONITORING AND EVALUATION

Directions: Describe the procedure for monitoring the proposed grant project. Who will track the proposed grant project throughout the grant project period, what data will be collected, and how will the information that is monitored be used to encourage success of the proposed grant project? Describe the criteria that will be used to evaluate the effectiveness and quality of services provided through the proposed grant project. The evaluation should be designed to provide an objective assessment of the effectiveness or input of the proposed grant project. Specify the procedures to be used and how the information/data collected will be used to improve the proposed grant project. At a minimum, explain how the proposed objectives will be measured and how it will be determined whether the grant project is effectively and efficiently reaching the proposed goal(s) and objectives.

#8 PROPOSED GRANT PROJECT STAFFING PATTERN

Directions: Describe the staffing pattern that will meet the proposed project goal(s), objectives, and evaluation. Include all persons responsible for achieving proposed objectives as well as the supervisors of those individuals. Also include staff responsible for monitoring and evaluating the proposed grant project's progress.

#9

PROPOSED GRANT PROJECT COORDINATION

Directions: State how the proposed grant project will coordinate with existing services and resources for the population to be served. What community outreach strategies will the proposed grant project employ? How will the proposed grant project cooperate with other agencies, for example: law enforcement, mental health centers, schools, regional prevention centers, prosecuting attorneys' offices, linkages with governmental or private agencies, etc.? Please list the name of the contact person for each agency the proposed grant project will coordinate with in providing services or making referrals.

#10

UNDERSERVED POPULATIONS

Directions: Define the underserved population identified in the applicant's community. Provide the applicant's plan to reach and provide services to the underserved populations including those underserved because of ethnic, racial, or cultural background; language diversity; differently-abled; or geographic isolation, etc.

#11 DISSEMINATION OF CRIME VICTIMS' RIGHTS INFORMATION

Directions: Describe the applicant's written procedures for assisting victims of crime in seeking available crime victims' compensation benefits and informing crime victims of their rights. The procedures must detail how victims will be informed of the statutory rights of victims stated in K.S.A. 74-7301, 74-7333, 74-7335.

#12 STATEMENT OF NON-DUPLICATION OF PROPOSED GRANT PROJECT

Directions: The applicant should describe that the proposed grant project is not already adequately provided to residents in the community.

#13

CIVIL RIGHTS CONTACT INFORMATION

Directions: Applicants must include the name, address, and telephone number of a civil rights contact person who has lead responsibility in ensuring that all applicable civil rights requirements are met, and who acts as liaison in civil rights matters.

#14

BUDGET SUMMARY FORM

Directions: Complete the attached Budget Summary Form as accurately as possible. All amounts should be rounded off to the nearest whole dollar. The request should be reasonable to reach the proposed goal(s) and objectives. When listing Personnel positions, **circle after each position whether it is a new position (N) or an existing position (E) to the agency. Each position has only one title.** Use only the official title on the Budget Summary Form and in the Budget Narrative. Please state any new job duties or functions in the Budget Narrative.

#15

BUDGET NARRATIVE

Directions: Describe in detail each item listed in the Budget Summary Form. Please state any new job duties or functions of personnel listed. **Show all calculations used to arrive at each line item request.** For example, for items such as personnel, show the annual salary rate and the percentage of time devoted to each personnel position to be paid for with these funds. For fringe benefits, show the specific rate being applied, etc. All amounts should be rounded off to the nearest whole dollar. If the position is not for the 12 month grant period, prorate the salaries and fringe benefits to reflect the same time frame used in the goal(s) and objectives.

Follow the format below when writing each budget category in the budget narrative. An example is provided.

Example:

Name/Position or Item with Description	Purpose	Location, if applicable	Computation	Request
Personnel: Drug Elimination Specialist (N)	To implement proposed objectives		\$12.00 per hour x 1914 hours (2080 x 11/12)	\$ 22,968
Fringe Benefits: FICA			22,968 x 7.65%	\$ 1,757
Travel:*	Drug Prevention Training	Kansas City, KS	200 miles x .33	\$ 66
Conferences/Workshops			\$95 x 2 nights	190
			lodging; meals at \$30/day x 2 days	<u>60</u>
				\$ 316
Equipment:** 1 ABC computer with 17" monitor	For use by the project director	USD 123 school building	computer \$900 monitor \$400	\$ 1,300

***Please note that for purposes of this application and grant program, CVAF grant funds**

will not be used to reimburse mileage expenses in excess of \$.40 per mile or the applicant's approved policy rate, whichever is lower. If the applicant chooses to reimburse at a rate in excess of this amount, per their agency policy, the applicant should be aware that no grant funds administered by the Kansas Attorney General's Office can be used to make up the difference.

****Please note that for purposes of this application and grant program, equipment is defined as assets with a useful life of one year or more and a cost of \$100 or more.**

#16

CURRENT FISCAL YEAR AGENCY BUDGET

Directions: Submit the applicant's current fiscal year budget, including balanced income **and** expenses. If the applicant is under the umbrella of a larger entity, submit the budget developed for the applying program. Agency income should list **all** sources of financial support (i.e. foundations, government agencies, fund-raising events, individual contributions, etc.). For each income source, state the amount and its status (received, requested, committed, or projected). If the income is requested or projected, state the date the agency expects to be notified of the funding decision or the date the agency anticipates to collect the income. Be sure to include the appropriate pro-rated portion of this grant application request as budgeted income with a "requested" status. Also, be sure that all line items being requested in this application can be found in the agency's budget for expenses.

Example:

SOURCE:	AMOUNT:	STATUS:	DATE:
City of Topeka	\$10,000	Projected	7/06
United Way	5,000	Received	2/06
Walk-A-Thon	500	Collected	1/07
CVAF-AG	<u>20,000</u>	Requested	6/07
Total Agency Income	\$35,500		

#17

NEXT FISCAL YEAR AGENCY BUDGET

Directions: Submit the applicant's next fiscal year budget, including balanced income **and** expenses. If the applicant is under the umbrella of a larger entity, submit the budget developed for the applying program. Agency income should list **all** sources of financial support (i.e. foundations, governmental agencies, fund-raising events, individual contributions, etc.). For each income source, state the amount and its status (received, requested, committed, or projected). If the income is requested or projected, state the date the agency expects to be notified of the funding decision or the date the agency anticipates to collect the income. Be sure to include this grant application request as budgeted income with a "requested" status. Also, be sure that all line

items being requested in this application can be found in the agency's budget for expenses. Follow the same example as above.

#18

THREE LETTERS OF SUPPORT

Directions: If the applicant did not receive funds in the prior fiscal year and is a **not for profit**, submit **three** current letters of support. **These letters must be from local government agencies** and they **must** accompany the grant proposal. If unable to get government support, please state reasons as to why. If the applicant received a grant from the State Crime Victims' Assistance Fund in the prior fiscal year, do not complete this section.

#19

PROOF OF 501(C) STATUS

Directions: If the applicant is a not for profit, submit proof of the applicant's exempt status as determined by the Internal Revenue Service.

#20

SECRETARY OF STATE REGISTRATION

Directions: If the applicant is a not for profit, submit a **current** (less than one year old) copy of the agency's Certificate of Good Standing with the Kansas Secretary of State's Office, (785) 296-4564.

#21

CURRENT AUDIT REPORT

Directions: **If the applicant is a not for profit, include one copy of a current audit report and provide information on local audit procedures.** Include with the audit the Auditor's Letter to Management if applicable. If there are any findings and/or recommendations stated in the audit report or in the Letter to Management, also include a written explanation stating how the findings and/or recommendations were, or will be, addressed by the applicant. **If the Attorney General's Office has previously received a copy of the not for profit's most current audit report, please state so in the application and include information on what period was covered, who did the audit, and when it was done.**

If the applicant is a city or county government, a current audit does not need to be submitted. However, government agencies must include information on who does the audit, when the last audit was done, what period it covered, and where the audit is filed.

ATTACHMENTS

STATE CRIME VICTIMS ASSISTANCE FUNDING**FISCAL YEAR 2007****GENERAL INFORMATION FORM**

1. Proposed Grant Project Name
2. Agency Name

Address _____

City _____

Zip _____

County _____

Website Address _____

3. Primary Contact
for Proposed Grant Project

Telephone (____) _____

Fax (____) _____

E-Mail Address _____

4. Fiscal Officer

Telephone (____) _____

Fax (____) _____

5. Federal Identification Number

6. Funding Period: FROM July 1, 2006 TO June 30, 2007

7. County(ies) in which proposed grant project will operate

8. Brief description of proposed grant project

9. Projected number of crime victims to be served by proposed grant project

10. Number of years crime victim agency has been in operation

11. If awarded, these funds will:

Create a new project or service activity **OR**____ Enhance or expand an ongoing project or service activity not previously funded with State CVAF **OR**

____ Continue existing project currently funded with State CVAF

12. Total Agency Budget for Current Fiscal Year _____

Total Agency Budget for Next Fiscal Year _____

13. State Crime Victims Assistance Fund Request, not to exceed \$25,000 (Dollar Amount)

14. Sources of Grant Match (CASH) Dollar Amount (must be 25% of request). Please list where the match source is from and the actual dollar amount of the match: _____

***This page should be completed last, after the rest of the application is ready to be submitted.**

SUMMARY OF CONTENTS

Before beginning any work on your proposal, read the guidelines thoroughly. As you complete the grant application, please use this check-list as a guide. Complete and sign this page, and turn it in with the application as page 2. When submitting the grant application, please put together the requested information in the following order. Please check "Yes" if the information is enclosed with the application.

	YES	NO	N/A	AG Use Only
1. General Information Form (Attached Form, pg 1)	_____	_____		
2. Summary of Contents (Attached Form, pg 2)	_____	_____		
3. Prior Accomplishments	_____	_____		
4. Problem Statement and Needs Assessment	_____	_____		
5. Proposed Grant Project Goal(s)	_____	_____		
6. Proposed Grant Project Objectives	_____	_____		
7. Proposed Grant Project Monitoring and Evaluation	_____	_____		
8. Proposed Grant Project Staffing Pattern	_____	_____		
9. Proposed Grant Project Coordination	_____	_____		
10. Underserved Populations	_____	_____		
11. Dissemination of Victims' Rights Information	_____	_____		
12. Statement of Non-Duplication of Proposed Grant Project	_____	_____		
13. Civil Rights Contact Information	_____	_____		
14. Budget Summary Form (Attached Form)	_____	_____		
15. Budget Narrative	_____	_____		
16. Current Fiscal Year Agency Budget	_____	_____		
17. Next Fiscal Year Agency Budget	_____	_____		
18. Three current letters of support from local units of government if not for profit	_____	_____	_____	
19. Proof of 501(c) Status if not for profit	_____	_____	_____	
20. Copy of Current Certificate of Good Standing with Kansas Secretary of State,(785) 296-4564, if not for profit	_____	_____	_____	
21. a) Copy of Current Audit Report if not for profit; If governmental agency, state when and by whom an audit is completed and where it is kept	_____	_____	_____	
b) Copy of auditor's letter to management.	_____	_____	_____	
c) Copy of applicant's response to auditor's letter to management.	_____	_____	_____	
22. All the information is in the correct order as listed	_____	_____		
23. There is one original plus five copies of the grant application and one copy of the current Audit Report if a not for profit agency.	_____	_____		

If the application is submitted incomplete, it will be returned immediately and will not be reviewed.

SIGNATURE OF PERSON COMPLETING APPLICATION